

WATER SAMPLE SUBMISSION DETAILS

Oakwater Laboratories

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BLOCK CAPITALS PLEASE

Please do not write in this box

Sample No.
 Receipt / Invoice Date received
 Fee Invoice Number

CLIENT DETAILS

Order Number
 Name
 Address for correspondence

Postcode

Telephone

Report to be sent by Post
 Email
 Post and Email

Email address

DETAILS OF SUPPLY

Address / Location of supply

Type of supply Spring / Well / Borehole / Mains
 Other

Is the supply of recent construction? Yes / No

Age if known

Has the supply been regularly used or pumped prior to sampling? Yes / No

Please specify if the water is treated in any way

SAMPLE DETAILS

Date sampled Time sampled

Sampling point

Was the tap / outlet sterilised before sampling?
 Yes / No

Reason for examination

Routine check	<input type="checkbox"/>
House purchase/sale	<input type="checkbox"/>
Local Authority requirement	<input type="checkbox"/>
Sale as bottled water	<input type="checkbox"/>
Complaint of taste / odour	<input type="checkbox"/>
Discolouration	<input type="checkbox"/>
Corrosion	<input type="checkbox"/>
New supply	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

EXAMINATIONS REQUIRED

Routine chemical and bacteriological	<input type="checkbox"/>
Routine chemical	<input type="checkbox"/>
Routine bacteriological	<input type="checkbox"/>
Coliforms / E. coli	<input type="checkbox"/>
Total viable counts @ 22°C and 37°C	<input type="checkbox"/>
Faecal Streptococci	<input type="checkbox"/>
Other tests (Please specify)	<input type="checkbox"/>

REGULAR SAMPLING

Do you wish to receive a reminder when your water is due for a further examination? Yes / No

Email address

PREVIOUS EXAMINATIONS

Date Laboratory No.
 Recipient of report